

# Office of Nursing Services Annual Report 2008

## Introducing the 2008 - 2012 Veterans Health Administration (VHA) National Nursing Strategic Plan

The graphical representation of the strategic plan is an interwoven model, whereby the National Nursing Strategic Goals of: Nursing Practice Transformation, Evidence-Based Practice, Leadership Excellence, and Workforce Management are interconnected and strengthened by the VA Nursing Outcomes Database (VANOD), Nursing Research, Advanced Practice Nursing, and Nursing and Healthcare Informatics. The concept of “network weaving” is to connect groups and their work together into larger threads of patient driven care and professional practice that then create an overall tapestry that is uniquely VA Nursing.



The National Nursing Strategic Goals are in direct alignment with VHA strategic goals. System-wide attention to these interdependent nursing goals will provide leverage that will lead to achieving the desired future state, the Vision for VA Nursing:

*VA Nursing is a dynamic, diverse group of honored, respected, and compassionate professionals. VA is the leader in the creation of an organizational culture where excellence in nursing is valued as essential for quality healthcare for those who served America.*

There are four critical threads supporting each of these interdependent goals:

- ✦ **Data Management (VANOD)** – using metrics to track and improve processes to promote data-driven decision making
- ✦ **Research** – continually discovering new knowledge and providing an evidence base for nursing practice
- ✦ **Advanced Practice** – incorporating innovation and professional judgment into practice
- ✦ **Informatics/Technology** – using state-of-the-art electronic tools to improve quality of care for our veterans

Key objectives are listed for each of the strategic goals. Specific initiatives and action items for these objectives are developed through a consensus process between the Office of Nursing Services (ONS) and the National Nurse Executive Council (NNEC) representing nurses across VHA. As these action items are developed, they incorporate timelines, accountability, and deliverables for the strategic objectives. The ONS intranet site maintains an updated status on the details of the nursing goals, objectives and action items/initiatives for the National Nursing Strategic Plan. *This report highlights some key 2008 programs and initiatives.*

# National Nursing Strategic Plan 2008 - 2012

## NURSING PRACTICE TRANSFORMATION

**Goal:** Establish systematic approaches to support efficient and effective patient-driven care in all settings and programs.

**Objectives:**

- ◆ Adopt patient-driven nursing care delivery models that prepare for future practice environments, populations, technologies and workforce designs such as the Fix/Flow and Transforming Care at the Bedside (TCAB) initiatives
- ◆ Using systems redesign principles, deploy an automated, data-driven, evidence-based staffing methodology that supports patient-driven care delivery models
- ◆ Facilitate and support national approaches to address key initiatives such as OEF/OIF Polytrauma and Case Management, Post-Discharge Follow-up, Pain Management, Methicillin-Resistant Staphylococcus Aureus (MRSA), MyHealthVet, Perioperative and Caregivers initiatives

*Examples of programs/initiatives are presented below*

### Nursing Clinical Practice Program

This new initiative was launched in July 2008 with an orientation program, and will enable collaboration between national program offices, an essential element to the success of VHA national clinical program initiatives. Through the designation of Clinical Nurse Advisors and field advisory committees in key clinical specialty areas, it will provide expert guidance on clinical nursing practice, as well as enhance national clinical consultation mechanisms. These Clinical Nurse Advisors, along with their respective committees, will not only serve as a resource for national program offices and their initiatives, but will also proactively make recommendations to ONS on instituting best practices throughout the system.

**Important Program Elements:**

- Nursing experts have been appointed by ONS to serve as national advisors to high priority/high impact clinical programs:
  - ▶ Cardiovascular – **Marthe Moseley, PhD RN CCRN CCNS CNL - South Texas VA Health Care System**
  - ▶ Geriatrics and Extended Care – **Alan Bernstein, MS RN - VA Central Office, ONS**
  - ▶ Mental Health – **James Harris, DSN RN APRN-BC MBA CNL - VA Central Office, ONS**
  - ▶ Metabolic Syndrome – **Linda Haas, RN CDE - Seattle, WA VA Medical Center**
  - ▶ Oncology – **Chris Engstrom, PhD CRNP AOCN - VA Central Office, ONS**
  - ▶ Perioperative – **Lisa Warner, RN BSN MHA - Phoenix VA Health Care System**
  - ▶ Polytrauma – **Karen Ott, MSN RN - VA Central Office, ONS**
  - ▶ Rehabilitation – **TBD**
- Field advisory committees have been chartered to work under the direction of these clinical nursing practice advisors

**Anticipated Program Outcomes:**

- Standardization of practice/coordination for national initiatives
- Dissemination of best practices aligned with strategic initiatives
- Creation of strategic initiatives for efficient and effective nursing practice
- Development/evaluation of nursing sensitive metrics, care paths and EBP standards

### Staffing Methodology for VA Nursing Personnel

This action plan focuses on implementation of a nationally standardized, automated, data-driven nurse staffing methodology for all points of care. The intended result is to ensure that our staffing methods are evidence-based and correlated with desired patient outcomes in order to systematically measure and analyze staffing effectiveness. Current work is focused on:

- Publishing a Nursing Staffing Plan directive
- Coordinating efforts with VANOD to standardize core workload indicators and outcomes
- Preparing to pilot the proposed methodology at selected VISNs across the system: 1, 6, 15, 16 and 20
- Developing an evaluation plan for facilities to assess outcomes of the proposed methodology



## Clinical Nurse Leader (CNL) Program

The CNL initiative is designed to lead evidence-based, outcome-oriented nursing practice at the micro-system level (units, clinics, community living centers, emergency department, etc.). CNLs are generalists and can be conceptualized as the “RN Attending” on the unit. Establishing this role at the center of the professional nursing practice model will facilitate transforming care across the continuum, Magnet concepts, and fully maximize all other nursing roles. Currently, over 95 VAMCs are participating in the CNL initiative.

Multiple CNL activities currently underway:

- ❑ The CNL Evaluation Study results will be published and additional CNL outcomes will be reported through VANOD
- ❑ CNL Summit planned in conjunction with American Association of Colleges of Nursing (AACN) for January 2009
- ❑ CNL Polytrauma Initiative being developed to fast-track implementation of the role in polytrauma units across VHA
- ❑ CNL Residency Program being developed to augment post-graduate orientation and mentoring of newly graduated CNLs

CNL Centers of Practice:

- ❑ Tennessee Valley HCS
- ❑ Portland, OR VAMC
- ❑ Tampa, FL VAMC

**CNL COLLAGE:** [http://vaww.collage.research.med.va.gov/collage/N\\_CNL/](http://vaww.collage.research.med.va.gov/collage/N_CNL/)  
**CNL DVD:** [http://vaww.vakncdn.lrn.va.gov/cl\\_popup.asp?mode=popup&Media\\_ID=2113&M\\_Cat\\_ID=114](http://vaww.vakncdn.lrn.va.gov/cl_popup.asp?mode=popup&Media_ID=2113&M_Cat_ID=114)

## EVIDENCE-BASED PRACTICE (EBP)

**Goal:** Create an environment of inquiry in which all nurses apply the best available evidence to improve healthcare delivery and outcomes throughout VA.

**Objectives:**

- ◆ Develop a business case for EBP throughout VA Nursing
- ◆ Develop an infrastructure for EBP
- ◆ Develop an education plan and engage all nursing staff in EBP
- ◆ Implement and disseminate EBP tools
- ◆ Develop action and evaluation plans to track progress of nursing advancements for EBP
- ◆ Increase nursing research capacity in VA
- ◆ Create systematic processes to identify nursing sensitive measures that impact patient outcomes

*Examples of programs/initiatives are presented below*

### EBP Toolkit

The EBP Toolkit has been developed to provide resources for VA nurses at all levels and in various work settings. The Toolkit is accessible from the ONS website and updated on a regular basis. Some components of the Toolkit include:

- ❑ Basic Elements of EBP
- ❑ Organizational Infrastructure and Support
- ❑ Changing Practice: Guiding Principles of Implementing EBP
- ❑ National VHA Initiatives, clinical practice guidelines, Institute for Healthcare Improvement (IHI)
- ❑ Teaching EBP
- ❑ Search Engines/Web-sources/Professional Organizations
- ❑ EBP Requirements for Magnet Status
- ❑ Pick a Path: Exemplars for Nurses (EBP as applied to nursing roles e.g., Nurse Executive, Staff Nurse, etc.)

**Toolkit Site:** [http://vaww.collage.research.va.gov/collage/N\\_ebp/](http://vaww.collage.research.va.gov/collage/N_ebp/)

# WORKFORCE MANAGEMENT

**Goal:** Continue to enhance the competent, dedicated, compassionate, and high-performing nursing workforce through retention, recruitment, and organizational initiatives.

**Objectives:**

- ◆ Develop and facilitate programs supporting organizational health associated with high nurse satisfaction and quality veteran outcomes
- ◆ Support facilities pursuing American Nurses Credentialing Center (ANCC) Magnet® recognition
- ◆ Promote avenues for increasing the number of nurses with certification
- ◆ Foster local implementation of recommendations to streamline and shorten the hiring process
- ◆ Foster local implementation of programs to reduce nursing staff injuries
- ◆ Advise Congressional Affairs on expansion of scholarships/tuition reimbursement for new hires
- ◆ Design and support programs such as the new graduate nurse residency program to distinguish VHA as a learning organization (to include a focus on long-term retention of new employees)
- ◆ Advise and support the implementation of the Travel Nurse Corps (TNC) pilot
- ◆ Establish processes for educating nurse executives and Human Resource chiefs on existing authorities and best practices for nurse retention, recruitment, and competitive pay
- ◆ Develop and implement mentoring programs for nurse scientists (i.e. new hires/novice scientists)
- ◆ Develop and implement programs preparing nurses to assume specialized roles for targeted areas of current/projected needs (i.e. Perioperative, Oncology, OEF/OIF, Infection Control)
- ◆ Develop programs and training to ensure timely service delivery to veterans and address national emergency response plans for local, state, VISN and national needs

*Examples of programs/initiatives are presented below*

## ANCC Magnet® Recognition

Methods and tools have been made available, and are continually updated, to support facilities pursuing ANCC Magnet® recognition. Current actions in this work include:

- Monthly calls related to achievement of magnet recognition
- Hosting advanced Magnet Recognition Conference for nurse executives and Magnet Coordinators in facilities nearing completion of the submission process
- Resources for obtaining magnet recognition located on ONS website: <http://vaww1.va.gov/nursing/page.cfm?pg=92>

## Nursing Certification

Promoting avenues for increasing the number of nurses with certification translates to improved care for our veterans. Recent actions related to this initiative include:

- Baseline analysis of the numbers of certified nurses and use of awards/recognition for certification throughout VA; report provided to nursing leaders
- *Let's Get Certified!* Campaign toolkit with coupons for discounts on certification exam and preparation materials <http://vaww1.va.gov/nursing/page.cfm?pg=134>
- Establishing *ONS Certification Development Award* – for facilities showing highest percentage change and innovation in increasing number of nurses with certification; and *ONS Certification Achievement Award* – for facilities achieving the national goal for a target percentage of certified nurses

## New Graduate Nurse Residency Program

A work group has been formed and work is in progress to design and implement a system-wide, 12-month new graduate nurse residency that includes clinical, leadership, and professional transition elements. This program will help to distinguish VHA as a learning organization, through a focus on long-term retention of new employees. The plan is for a January 2009 pilot. The program objectives include:

**For Individual:** By the end of the RN residency program, the graduate nurse will:

- Transition from entry-level, advanced beginner nurse to competent professional nurse, as defined by Benner's "Novice to Expert" theory (1984)
- Develop effective decision-making skills related to clinical judgement and performance
- Provide clinical leadership at the point of patient care
- Strengthen their commitment to nursing as a professional career choice
- Incorporate research-based evidence into practice
- Formulate individual career development plans

\*Adopted from the University HealthSystem Consortium (UHC) and American Association of Colleges of Nursing (AACN)



# LEADERSHIP EXCELLENCE

**Goal:** Sustain, support and develop leadership orientation, education and system-wide programs that prepare nurse leaders for the future.

**Objectives:**

- ◆ Continue the Leadership Excellence Guide for Enduring Nursing Development (LEGEND) program
- ◆ Implement and evaluate the Career Path program
- ◆ Develop leadership programs to support key nursing roles for each career path
- ◆ Implement and evaluate the Electronic Proficiency System
- ◆ Develop and initiate action plans, in collaboration with Workforce Management Group, to sustain high-level RN practice and satisfaction
- ◆ Enhance business and informatics competencies of key nursing leaders, e.g. nurse executive fiscal courses
- ◆ Establish a nursing consultation program to support facilities, VISNs, and VACO to incorporate processes related to early intervention for high risk issues
- ◆ Develop strategies to further develop the ECF Nurse Executive Track program
- ◆ Provide guidance on prioritization and executive level management of strategies related to technology, advanced practice, research and VANOD

*Examples of programs/initiatives are presented below*

## Nurse Executive Consultation Program (NECP)

Current and projected retirements for Senior Executives are at an unprecedented high. By 2013, multiple VHA senior executives will be eligible and are projected to retire, as displayed in the table below:

Senior Executive Category	Retirement Percentage	
	Eligible	Projected
Senior Executive Service	90%	61%
Associate/Assistant (GS 14-15)	60%	35%
Nurse Executives	81%	47%
Physician Executives	79%	50%

\*Source: VA PAID data, HR Turnover Cube, VSSC data as of 9/07

As the VHA Succession Plan matures, the Nurse Executive Consultation Program (NECP) will assist in the development and transformation of leaders that are knowledgeable and capable of managing complex macro and micro systems, and communicating effectively with others. NECP will focus on capturing and utilizing the knowledge, experience, and skill sets of senior nurse executives to provide consultation, short-term management assignments, and coaching of our “junior” and future leaders.

## Veterans Integrated Service Network (VISN) Nursing - Professional Standards Board (PSB) Consultants

VISN PSB Consultants are a valuable resource for the facility NPSB and Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN) PSB chairs and Nurse Executive. They offer guidance and education on processes of the Board, and assist in tracking the completion of competency/training modules for members of the Board and RN/LPN/LVN staff. Each VISN nominates an individual as their VISN NPSB Consultant, who demonstrates superior knowledge of the Board process and the dimensions of practice as outlined in the Nursing Qualification Standards. These individuals provide consultative expertise is provided in the following areas:

- Structure and membership of the Board
- Interpretation of the qualification standards
- Peer review processes
- Queries posted on the NPSB and LPN PSB COLLAGE websites (discussion board postings)
- Available education and resources

VISN PSB Consultants participate in local, regional, and national workshops as meeting agenda planners and presenters.



# VA Nursing Outcomes Database (VANOD)

As a database of nursing-sensitive processes and outcomes, VANOD is an integral part of ONS that is creating a national database of clinically relevant, nursing-sensitive quality indicators that identify trends and areas for improvement in nursing practice (e.g. data decision tools, reports, and templates). As it matures, VANOD will provide support services and continue in its liaison activities with each of the new ONS Strategic Goal Groups and threads, utilizing and increasing the efficiency of the tools available to us today. Through sustained development of this database, VANOD's ultimate goal is to be everyone's valued partner.

## Data/Reports Currently Available in VANOD

- ❑ Nursing staff demographics, including trend data since FY04 for:
  - ◆ Age, gender, highest education achieved
  - ◆ Nursing role and skill mix
  - ◆ Retirement eligibility/tenure in VA
  - ◆ % of direct care RN staff
  - ◆ % direct care RNs w/at least a Bachelor's degree
- ❑ Nursing staff financial information (FY04-present):
  - ◆ FTEE
  - ◆ \$/hours for worked, AL and SL used
  - ◆ OT/ CT earned (also in % hours earned)
  - ◆ % hours SL
- ❑ Nurse Staff Injury by demographics, with injury type (FY04 - present)
- ❑ RN Professional Practice Environment Survey-five practice areas by work setting (FY07-present)
- ❑ Nursing Staff Turnover rates (all reasons for leaving, including voluntary, FY04 - present)

\* Represent two evidence-based, nurse-sensitive indicators

## Data/Reports Under Development

- ❑ Nationally standardized comprehensive patient assessments:
  - ◆ Skin Risk Assessment templates (released October 2007)
  - ◆ Fall Risk Assessment templates (piloted April 2008)
- ❑ Nursing Indicators for Deputy Under Secretary for Health for Operations and Management (10N)-Facility Alert Report:
  - ◆ Inpatient (DSS data)
    - Hours Per Patient Day (HPPD) by treating service – all nursing skill mix
    - HPPD by treating service – RNs
    - % of direct care RN staff
  - ◆ Outpatient (DSS data)
    - Average nursing staff hours per encounter
    - % of outpatient staff that are RNs

**VANOD homepage:** <http://vaww.vanod.med.va.gov/collage/vanod/>  
**Newsletters:** <http://vaww.vanod.med.va.gov/collage/vanod/new/news.asp>

# Nursing Healthcare Informatics Alliance (NHIA)

NHIA is an NNEC affiliate group organized to provide synergy and structure, advancing informatics initiatives that support nursing as well as organizational goals. This alliance consists of a core leadership group and 3 sub-groups: the Clinical Information System (CIS), Administrative Information System (AIS), and Bar Code Medication Administration (BCMA).

## Nursing Research Informatics Agenda

A recent ONS report, titled: "Assessment of the Evidence Base for Information Systems and Technology Related to Nursing Practice and Patient Outcomes," has led to the development of a framework that will guide future research in Nursing Informatics in VHA. Four categories identified in the report that led to the basis for this framework are: **Decision Support, Embedded Metrics, Documentation Support, and Workflow Management.** This ground-breaking work in Nursing Informatics is expected to benefit not only VHA, but also the broader nursing community.

## Nursing Clinical Flow Sheet

The Nursing Clinical Flow Sheet application will provide an electronic interface between several clinical device systems across various settings within a facility. Several new views for patient data are recent additions that expand functionality of the flow sheets to an extent far superior to what is currently available in VistA. Specifically, work is now in progress to ensure that patient vitals data entered into a flow sheet move to and display in the appropriate product in the Computerized Patient Record System (CPRS), while moving the same data to the Health Data Repository (HDR). This flow sheet has a basic set of standard terms which will complement other nursing software modules for consistency, and includes features such as intake/output, tasks, and alerts. The following VA medical centers have been involved as test sites for the flow sheets: Charleston, Denver, Fayetteville, Hines, St. Louis, and West Palm Beach.

## VA/DoD Patient Transfer Electronic Summary Solution

Over a year ago, nurses from VA Polytrauma Centers and Walter Reed Medical Center began work on creating an electronic form to communicate patient information between VA and DoD facilities using the SBAR (Situation, Background, Assessment, Recommendation) format. To foster support and acquire funding for this collaborative effort, a core group of DoD and VA nurses, as well as IT staff, was charged with the task. The application is currently in pilot at the Tampa VAMC and Walter Reed Medical Center, a sub-group of which is being co-chaired by the Walter Reed Polytrauma Unit Director of Nursing and Tampa VA Nurse Executive. After completion of the pilot, the application will be implemented at VA Polytrauma Centers nationwide, as well as Walter Reed and Madigan Medical Centers. A kick-off celebration, with several VHA officials, took place in September of 2008.



# Advanced Practice Nursing Research Advisory Group (APNAG)

APNAG acts in an advisory capacity to support and strengthen the field of Advanced Practice Nursing. An important initiative related to this group's work is the progress being made to provide future training opportunities for women's healthcare providers including APNs.

## Women's Health Initiative

Information from VHA front-line providers has documented the need to augment education and gynecology services to meet the demands of the growing number of women veterans who are seeking VHA services.

- In FY07, utilization rates for women were 5.19% of all veterans and is projected to increase to 8.11% by FY10
- Current utilization for women veterans is 38.9% of the OEF/OIF population (67% of which are under the age of 30)

Human Papillomavirus (HPV) is now a key risk factor for cervical carcinoma and is more prevalent in persons under 30 years of age, presenting a vulnerability among this unique segment of veteran population. Currently, colposcopy services (a carcinoma screening) are available on a limited basis within VA. It is projected that 72 providers (half of which are Nurse Practitioners) need to be trained or re-trained in colposcopy procedures.

Two projects are underway to fill these gaps: Colposcopy Training Program for Women's Health Providers, and education for staff and women veterans. Colposcopy training for providers from each VISN will occur over the next 2 years, beginning in fall 2008. The Women's Health Education Group is working to update existing women's health educational materials for women veterans and develop web-based virtual simulation educational modules for staff to include: a general track (all clinical staff), an advanced track (APNs, PAs, MDs), and mental health modules.

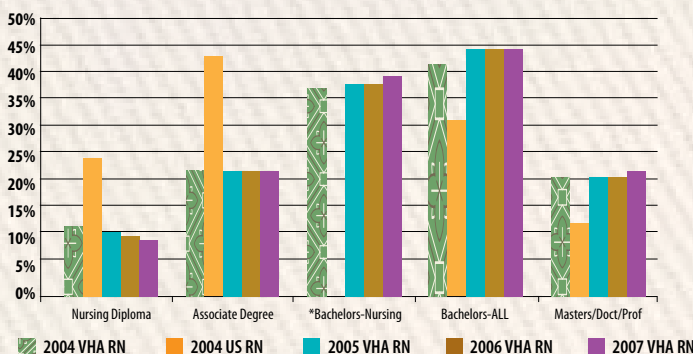
## Nursing Research Advisory Group (NRAG)

NRAG continues in its aim to establish, implement, and evaluate a strategic plan for VA Nursing Research. In order to achieve these goals, the group is developing a VA **Nurse Scientist Toolkit** that will assist in the orientation of new nurse researchers to VA, as a part of its Nurse Scientist Mentoring Program. The toolkit is focused on assisting the researcher in obtaining resources and building a program of research. Some of its components include:

- Building success at the local facility
- Building a program of research and developing an infrastructure
- Developing networks, partnerships, and mentoring of researchers
- Providing nursing research resources

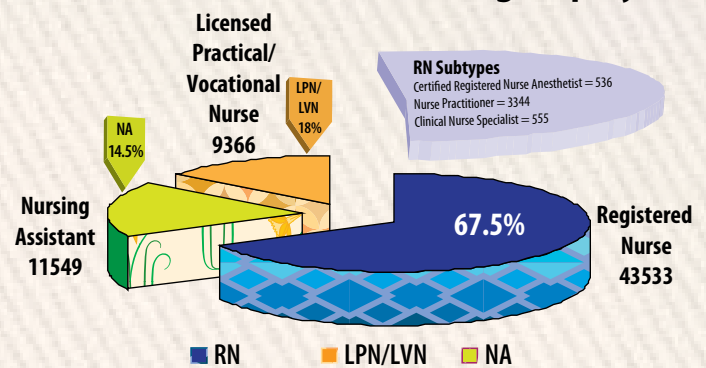
## VHA Nursing Demographics

**RN Education Levels - VHA vs. US (2004-2007)**



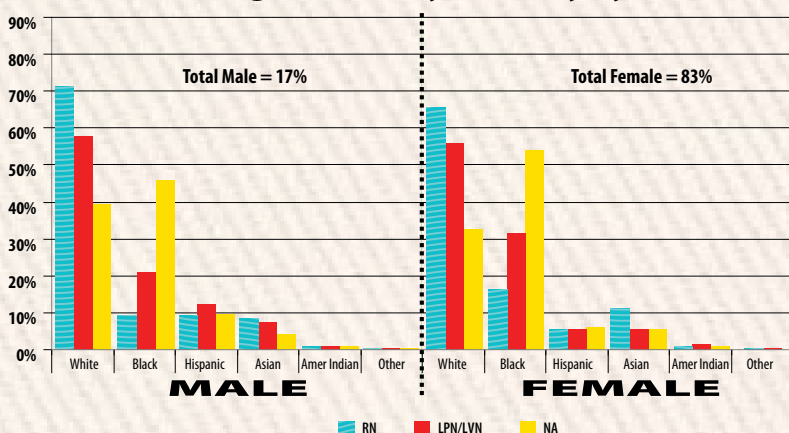
Sources: VA PAID data, VA Nursing Outcomes Database Cube, VSSC website (<http://vssc.med.va.gov/>), extracted 05/08  
 U.S. Dept. of Health (DHHS) Findings from the National Sample Survey of Registered Nurses, accessed 03/04  
 Note: US rates reflect level of initial preparation, while VA rates reflect "current" education levels; chart only includes RNs with AD, Diploma or ≥ Bachelor's Degree  
 \*DHHS does not distinguish "bachelor's degree" from "BSN" in reporting

**2007 Number of Current Nursing Employees**



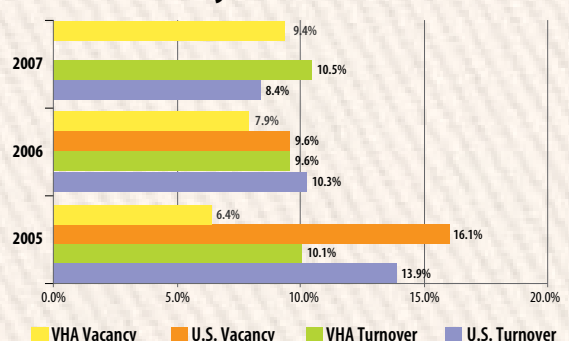
\*RN count include CRNAs (applies to this chart only)  
 Source: VA PAID data, HR Employee cube, Human Resources Data Mart (HRDM), VSSC website (<http://vssc.med.va.gov/>), extracted 12/07

**VHA Nursing: Gender by Ethnicity by Skill Mix**



Source: VA PAID data, VA Nursing Outcomes Database Cube, VSSC website (<http://vssc.med.va.gov/>), extracted 05/08

**RN Vacancy and Turnover Rates**



Sources: updated AFTER printing of 2007 Annual Report  
 1) American Hospital Association, Fall 2006 Report  
 2) Bernard Hodes Group, 3/05  
 3) VA Annual Report on Nurse Staffing; PricewaterhouseCoopers' Health Research Institute, 2007 Reports  
 4) National Association of Health Care Recruiters - Metrics Online (2006). National Health Care Metrics Report, retrieved 5/15/08: <http://www.nahcr.com/Metrics/2006yearendMetrics.doc>

# Nursing Awards Recognition

## 2008 Winners of Secretary's Award for Excellence in Nursing

- ★ Registered Nurse (Staff Role) - **Natalie Russell, RN**, Columbia, MO VAMC
- ★ Registered Nurse (Expanded Role) - **Joy Edvalson, RN MSN FNP**, VA Greater LA HCS
- ★ Licensed Practical Nurse - **Lenora Scroggins, LPN**, VA Eastern Kansas HCS
- ★ Nursing Assistant - **Shirley Cutler, NA**, VA New Jersey HCS

## 2008 Winners of Secretary's Award for Advancement of Nursing Programs

- ★ Director - **Michael M. Lawson, MPA**, VA Boston HCS
- ★ Nurse Executive - **Christine Lund, RN MSN CNAA**, Minneapolis VAMC

## Innovations Awards - Future Themes

**2008** - Professional Practice Environment for Nursing Excellence

**2009** - Improving Programs and/or Access to Services for Specified Populations: OEF/OIF, Rural Communities, Mental Health

**2010** - Implementation Strategies for the Clinical Nurse Leader Program

About ONS Innovations Awards: <http://vaww1.va.gov/nursing/page.cfm?pg=98>

## 2007 - 2008 National Nursing Awards/Special Recognition

Items are submitted on a voluntary basis by the field; recipients listed may/may not represent the full scope of accomplishments by VA Nurses, as this list is representative of late 2007 and early 2008

- ★ **Melissa Taylor, PhD RN**, Nursing Program Leader/ACNS for Nursing Research - VA Pittsburgh HCS  
Awarded 1st place prize for the American Heart Association Council of Cardiovascular Nursing's "Martha N. Hill New Investigator Award"
- ★ **Joan Clifford, MSN RN**, Deputy Nurse Executive - VA Boston HCS  
Presented with NOVA's Professional Nurse Award for Leadership at their April 2008 National Convention
- ★ **Sidney Wertenberger, RN MSN CNAA BC**, Director of Patient Care Services/Nursing and Poplar Bluff AMC nursing staff  
Set up and staffed first aid areas for community evacuation center during March Midwest floods, presenting a good example of what VA Nursing brings to the community
- ★ **Kathleen A. Malone, MS RN ACNS-BC CCRN**, and the combined ICU - VA New York Harbor HCS, Brooklyn VAMC  
Recognized by the Beacon Award for Critical Care Excellence, and is the first unit from a Veteran's Hospital as well as New York City to receive this recognition.
- ★ **Lucille Raia, MS RN ARNP/GNP-BC NEA-BC CBIST**, Associate Chief Nursing Services/Education - Tampa, FL VAMC  
Appointed to the Board of the Brain Injury Association of America, as the only nurse and only VA representative on the Board
- ★ **Beth Hammer, RN MSN APRN-BC**, Cardiology Nurse Practitioner - Milwaukee, WI VAMC  
New president elect of the American Association of Critical Care Nurses, a prestigious national association of over 65,000 members

## VA Nursing Academy (VANA) - New Sites Selected

The VA Nursing Academy's *Enhancing Academic Partnerships* 5-year pilot, begun in 2007, is progressing successfully through its second year with the selection of the next six VA facility-nursing school partnerships <http://vaww.va.gov/oa/vana/>

2008 VA Facility-Nursing School Partnerships:

- ★ Tampa, FL VAMC - University of South Florida
- ★ Oklahoma City, OK VAMC - University of Oklahoma Health Science Center
- ★ Michigan VAMCs (Detroit, Saginaw, Battle Creek, & Ann Arbor) - University of Detroit (Mercy), & Saginaw Valley State University
- ★ Charleston, SC VAMC - Medical University of South Carolina
- ★ Providence, RI VAMC - Rhode Island College
- ★ Hines, IL VAMC - Loyola University

*VA NURSING- take a bow...you are an American treasure...or in today's vernacular, an American Idol. You have a voice! Did you know that you are threads that bind together our national nursing strategic initiatives through your "every day work?" Well, you do! Your "every day work" is not ordinary; it is EXTRAORDINARY. Because of you we are recognized as a forward-thinking, proactive professional nursing force in the healthcare industry. The Office of Nursing Services is charged up and excited to serve you as we look forward to realizing our 2008-2012 strategic initiatives. Your commitment to serve our Veterans and shape the future of VA Nursing is the precious fuel that drives the results of these initiatives. THANK YOU!*

